Plumbers & Steamfitters Local 486
Medical Fund

Board of Trustees Meeting

January 9, 2017

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND

AGENDA

JANUARY 9, 2017

A. ROLL CALL

B. READING OF THE MINUTES – December 12, 2016

C. ADMINISTRATION REPORTS

1. Medical Fund Cash Balance - December 31, 2016
2. Medical Fund Schedules - December 31, 2016
3. Medical Fund Bills To Be Approved & Paid – January 9, 2017
4. Administrative Cash Balance - December 31, 2016
5. Principal Account Activity - December 31, 2016
6. Claims Analysis - December 31, 2016
7. Claimant Usage Report – December 31, 2016
8. High Cost Medical Claims – December 2016
9. Bolton Partners – Projected vs. Actual – December 31, 2016

D. UNFINISHED BUSINESS

1. Delinquent Contractors
2. Redefining Retirement
3. Summary Of Material Modifications
4. Joint Funds Annual Meeting
5. HCCCC
6. Appeal 201610-1

E. NEW BUSINESS

1. Deaths: Jason Gardner – 10/19/2016, age 40
   Edwin Vockroth – 10/31/2016, age 82
   Philip Clark – 11/19/2016, age 58
   Theophilus Lawrence – 12/8/2016, age 84
   Edward Capece – 12/11/2016, age 62
   James Kahler – 12/21/2016, age 80
2. Retirements: Mathew St Jean – Disability, age 54
3. Survivor: Catherine Johnson
4. Aetna
5. Legal Services Engagement Letter
6. Appeals
7. Questions
8. Date of Next Meetings - February 13, 2017 & March 13, 2017 both at 2 p.m.

Plumbers & Steamfitters Local 486
Medical Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

Trustees Attending: E. Eckstein, A. George, J. Livingston, P. Matusky, S. Shagoury, S. Weissenberger, W. Welsh

Others: Attending: S. Barnaskas, K. Bradley, D. Jensen, M. Lynne, D. Troll, D. Welch

The Trustees met on December 12, 2016 at the office of the Plumbers and Steamfitters Local 486 Apprentice Training School.

Chairman Weissenberger called the regular meeting to order at 10:05 a.m.

A. The minutes of the meeting of October 11, 2016 were approved as presented.

B. The Advice Forms, Investment Analysis, Fund Cash Balance, Fund Bills to Be Approved and Paid, Administrative Cash Balance, Flex Spending & Claims Analysis and Medical Claims Usage reports were accepted. Trustees receiving compensation recused themselves from the votes related to their payments.

   Mr. Lynne reviewed his Projected vs. Actual Results for the eleven months ended November 30, 2016.

C. Unfinished Business

   1. Ms. Bradley reported on the current delinquencies. South Mountain is two months delinquent, but its bond is now in place with the correct amount. Stone Services signed an extension of its payment agreement, as approved by the Trustees and signed by the Administrator on behalf of all the Funds.

   2. The Trustees agreed to keep Redefining Retirement on the agenda.

   3. Mr. Troll reported that the Open Enrollment meetings were held on October 27th and 28th, 2016 at 7:00 P.M. at Rosedale Gardens Hall. Representatives from AETNA HMO, Kaiser HMO and Blue Cross/Blue Shield/The Dental Network gave presentations and answered questions. Mr. Troll represented

the Plumbers & Steamfitters Local 486 Medical Fund and explained the self-insured medical and dental benefits. The Open Enrollment ended November 30, 2016 and all changes in coverage become effective January 1, 2017., Aetna gained 30 participants and lost 5, Kaiser gained 9 and lost 3, and the self-insured category gained one and lost 32.

4. The Plumbers & Steamfitters Local 486 Annual Joint Administration Meeting is scheduled to be held this afternoon at the Plumbers and Steamfitters Local 486 Apprentice Training School.

5. Mr. Lynne discussed the HCCCC's contracts with various service providers and the potential savings for the Medical Fund. The Trustees voted to switch to the HCCCC to take advantage of the potential savings.

D. New Business

1. Deaths: Phyllis Rosley – 9/14/2016, age 88
   Alton Hilker – 10/31/2016, age 86
   Philip Perreault – 10/31/2016, age 63
   Joseph Yates – 10/31/2016, age 95
   John Geliadowski – 11/9/2016, age 65
   Rascheene Young – 11/18/2016, age 36
   Robert Glensky – 11/13/2016, age 78

2. There were no retirements to be approved.

3. Mr. Troll distributed the Investment Performance Services, LLC (IPS) Master Consulting Report for the periods ending September 30, 2016.

4. Mr. Troll distributed and discussed with the Trustees the Summary of Material Modification (SMM) for the Plumbers and Steamfitters Local 486 Medical Fund which was mailed to all eligible participants. The SMM described the change, effective January 1, 2017, in the Annual Major Medical deductible to $100.00 per person and $200.00 per family.

5. Mr. Troll distributed and discussed with the Trustees the 2015 Summary Annual Report (SAR) for the Plumbers and Steamfitters Local 486 Medical Fund.

6. Dates of the next meetings:

January 9, 2017 at 11:00 a.m.
February 13, 2017 at 2:00 p.m.
March 13, 2017 at 2:00 p.m.

7. Adjournment: 12:15 p.m.

Respectfully submitted,

Dale O. Troll, CEBS
Acting Secretary for the Meeting

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2016

		Current Month	2016 Year To Date	2015 Year To Date
	Receipts:			
	Employer Contributions	$1,654,742.37	$18,823,626.12	$17,105,587
	Less Reciprocals Paid Out	0.00	(840,403.92)	(268,251)
	Reciprocal Contributions	112,317.14	812,040.92	976,622
	Employee Contributions	2,200.00	26,783.27	59,902
	Retiree Self Payments	118,256.33	1,420,899.94	1,452,541
	COBRA Contributions	0.00	8,962.70	25,292
	Investment Income	0.00	552,565.70	488,431
	Realized Gains & Losses	0.00	(328,579.34)	(203,182)
	Interest & Liquidated Damages Revenue	0.00	0.00	0
	Medicare Part D Subsidy	0.00	0.00	0
	ERRP Subsidy	0.00	0.00	0
	Subrogation Proceeds	0.00	0.00	0
	Litigation Settlement Proceeds	0.00	0.00	0
		$1,887,515.84	$20,475,895.39	$19,636,942
Providers	**Disbursements:**			
	Medical Benefits	$644,346.67	$6,085,717.66	$5,899,667
	Transitional Reinsurrance Fees	$0.00	$65,428.00	$144,459
CareFirst BC/BS	Flexlink Fees	$2,716.40	$71,313.51	$51,129
Aetna	H. M. O.	421,424.97	4,917,123.91	4,743,041
Aetna	H. M. O. Rebate	(159,229.35)	(292,291.54)	(96,528)
Labor First	Labor First	197,786.45	2,391,623.90	2,382,596
OptumRx	Prescription Drugs	209,244.00	2,638,882.52	2,493,603
The Dental Network	Dental P. P. O.	5,611.80	67,410.16	63,655
NCAS	P. P. O.	4,150.44	50,606.99	49,595
Conifer	Utilization Reviews	1,806.00	29,839.64	48,145
Conifer	Health Management Fees	3,900.00	57,145.00	86,240
ASMED	Claims Repricing	0.00	44,973.11	46,892
		1,331,757.38	16,127,772.86	15,912,494
	Actuarial & Consulting	0.00	0.00	0
AA, LLC	Administration	25,653.07	280,438.60	275,672
WCS, CPA	Audit	0.00	17,584.05	17,640
	Audit - Hospital Admissions	0.00	0.00	0
IFEBP	Conference Expenses	0.00	15,989.49	20,983
NCCMP	Dues	0.00	2,025.00	1,980
Federal Ins. Co.	Fiduciary Liability Insurance	0.00	15,893.87	16,150
Zurich North America	Fidelity Bond	0.00	0.00	0
	HIPAA Compliance Fees	0.00	0.00	0
PNC/Chart/Columbia	Investment Manager Fees	0.00	56,869.59	43,975
IPS	Investment Performance Fees	6,250.00	31,250.00	18,750
US Treasury	I.R.S. Filing Fees	0.00	0.00	0
Abato, R & A	Legal Fees & Expenses	0.00	20,921.66	21,385
	Medical Consulting Fees	0.00	0.00	0
AA, LLC	Meeting Expenses	0.00	600.00	759
AA, LLC	Office Expenses	117.45	1,263.81	658
AA, LLC	Postage	483.14	3,852.21	1,399
Dept of Treasury	PCORI Fees	0.00	4,576.53	4,676
Schmitz Press	Printing Expenses	242.18	3,565.48	6,989
	Programming Expenses	0.00	0.00	664
Recip. Admin. Svcs.	UA Reciprocity Program	0.00	950.00	950
PNC & BoA	Bank Charges	168.96	2,131.04	2,173
	Trustee Fees - Eric Eckstein	450.00	4,950.00	5,850
	Anthony George	450.00	4,950.00	5,400
	Patricia Matusky	450.00	3,600.00	3,600
		34,264.80	471,411.33	449,653.00
	Total Disbursements	$1,366,022.18	$16,599,184.19	$16,362,147.00
	Increase (Decrease) In Cash	$521,493.66	$3,876,711.20	$3,274,795
	Balance - December 31, 2015		16,757,359.17	
	Balance - December 31, 2016		$20,634,070.37	
	CASH BALANCE CONSISTING OF:			
	Cash - Operating & Claims Checking Accounts		$2,093,767.29	
	Cash - Principal Cash Account		358,273.65	
	PNC Bank - Marketable Securities At Cost		18,182,029.43	
	Accounts Receivable		0.00	
	Less Loss of Time FICA Payable		0.00	
			$20,634,070.37	

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2016

Investment Income:		
Dividend Income	$0.00	$0.00
Interest Income	0.00	$552,565.70
	$0.00	$552,565.70
Realized Gains	0.00	(328,579.34)
	$0.00	$223,986.36

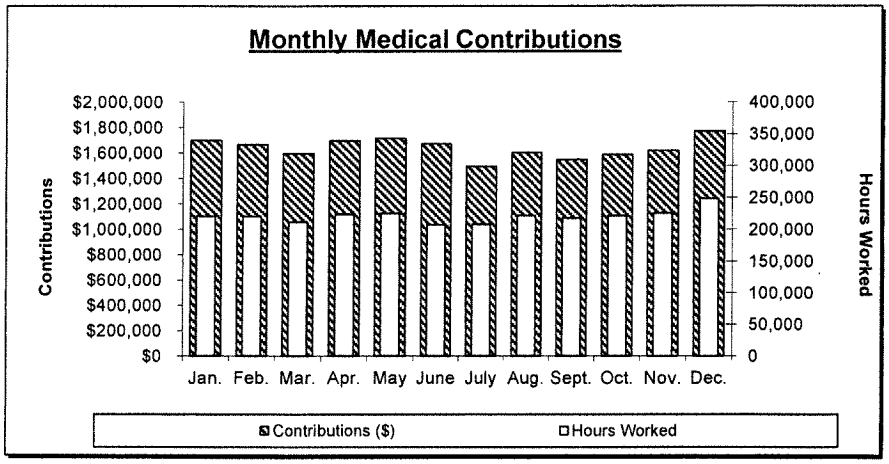
Market Value of Fund as of December 31, 2015	**$ 16,141,375.38**
Market Value of Fund as of **Dec 31, 2016**	20,337,167.46
Increase (Decrease) in Market Value of Fund	**4,195,792.08**
Less Net Income (Loss) on Cash Basis	3,876,711.20
Unrealized Gain or (Loss)	**$ 319,080.88**

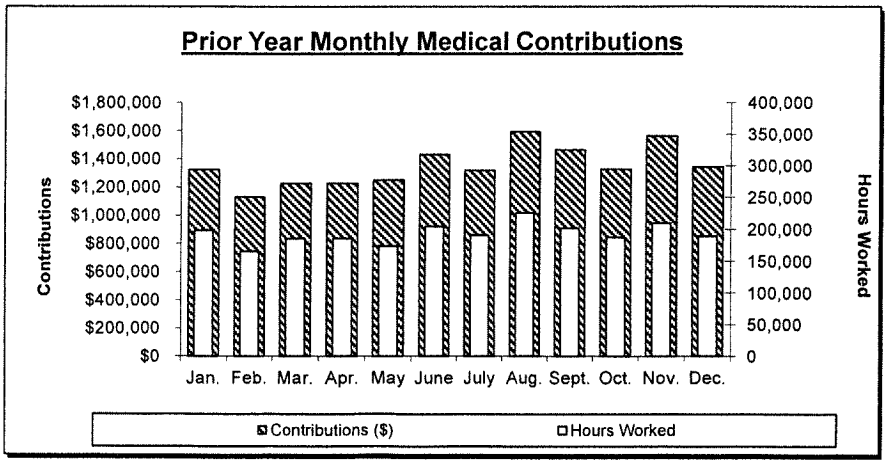
MONTHLY RESERVE CALCULATION

(A) Total Disbursements Previous 12 Months	**$ 16,599,184.19**
(B) Monthly Average (A) ÷ 12	**1,383,265.35**
(C) Adjust for 9% Inflation (B) x 1.09	**1,507,759.23**
(D) Current Assets at Cost	20,634,070.37
Total Months Reserve (D) ÷ (C)	**13.69**

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CASH BALANCE REPORT
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2016

	Hours Worked		Employer Contributions	
	Curr. Month	Year To Date	Curr. Month	Year To Date
Employer Contributions:				
Nov. 2015 & Prior	0.00	27,514.94	$0.00	$191,003.32
Dec. 2015 Hours	0.00	220,033.05	$0.00	$1,694,262.93
Jan. 2016 Hours	0.00	211,276.32	$0.00	$1,597,693.27
Feb. 2016 Hours	0.00	217,385.44	$0.00	$1,648,354.43
Mar. 2016 Hours	0.00	252,775.14	$0.00	$1,882,039.53
Apr. 2016 Hours	0.00	211,151.91	$0.00	$1,650,709.24
May 2016 Hours	0.00	201,754.00	$0.00	$1,607,010.72
June 2016 Hours	0.00	211,449.59	$0.00	$1,507,169.50
July 2016 Hours	0.00	218,940.44	$0.00	$1,563,593.47
Aug. 2016 Hours	0.00	220,218.37	$0.00	$1,571,910.23
Sept. 2016 Hours	2,575.70	220,456.25	$15,413.00	$1,585,999.10
Oct. 2016 Hours	36,305.84	230,515.80	$241,289.15	$1,650,147.21
Nov. 2016 Hours	209,336.49	209,336.49	$1,512,557.36	$1,512,557.36
	248,218.03	2,652,807.74	1,769,259.51	$19,662,450.31
Average Hours Per Month		221,067.31		
Projected Hours This Year		2,652,807.72		
Average Contribution Rates			$7.12784	$7.41194
Average Contributions Per Month				$1,638,537.53
Projected Contributions This Year				$19,662,450.36





PLUMBERS STEAMFITTERS LOCAL 486 MEDICAL FUND
BILLS AND DISBURSEMENTS TO BE APPROVED AND PAID
January 9, 2017

1.	Plumbers & Steamfitters Joint Funds			
	Administration @ 54% Plus Direct Costs - December 31, 2016			$23,943.35
2.	Trustees Fee Checks - Trustees Meeting - January 9, 2017			
	Eric Eckstein @ $450.00			450.00
	Anthony George @ $450.00			450.00
	Patricia Matusky @ $450.00			450.00
3.	Plumbers & Steamfitters Local 486 Medical Fund			
	Transfer To PNC For Investment & Expenses - January 31, 2017			Blank
4.	Associated Administrators, LLC			
	Refreshments			
	Mailing - December 2016 - Apprentices 2017 SBCACA Reporting			74.61
5.	Aetna			
	Monthly Premium - January 2017	414	Families	467,862.92
6.	NCAS			
	BC/BS Network Management - January 2017	832	Families	4,043.52
7.	The Dental Network			
	Monthly Premium - January 2017	178	Families	3,146.57
8.	laborfirst			
	Monthly Premium - January 2017	567	Bodies	212,194.05
9.	Kaiser Permanente			
	Monthly Premium - January 2017	18	Families	13,642.20
10.	Conifer Value-Based Care, LLC			
	January 2017 Data Warehouse Reporting @ $1.00 PEPM			Blank
	January 2017 Medical Management - Utilization Review @$2.00			Blank
	December 2016 Medical Management Services - MRIOA - Adjustment			Blank
	December 2016 Medical Services - Medical Management			Blank
	December 2016 Case Mangmt. - Personal Health Mangmt. @$135.00			Blank
11.	Conference Expenses			
	W. Welsh - Balance of Expenses - November 2016			1,672.20
12.	ASMED Health, LLC			
	Claims Repricing - Batch 355			1,060.66
	Claims Repricing - Batch 354			4,161.77

Accounting for December 2016 Checks

Plumbers & Steamfitters Local 486 Medical Fund	
Transfer To PNC For Investment & Expenses - December 31, 2016	?????????????
Conifer Value-Based Care, LLC	
December 2016 Data Warehouse Reporting @ $1.00 PEPM	903.00
December 2016 Medical Management - Utilization Review @$2.00	1,806.00
November 2016 Medical Management Services - MRIOA - Adjustment	0.00
November 2016 Medical Services - Medical Management	472.50
November 2016 Case Mangmt. - Personal Health Mangmt. @$135.00	2,524.50
	5,706.00

PLUMBERS & STEAMFITTERS LOCAL 486
M.C.A. of MD JOINT ADMINISTRATION
ADMINISTRATION CASH REPORT
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2016

		Y T D Budget	Current Month	Year To Date	
Balance - January 1, 2016					$24,595.96
Receipts:					
Medical Fund	54%	$290,488	24,353.07	$275,746.53	
Pension Fund	19%	117,841	10,549.44	115,412.68	
Annuity Fund	20%	113,237	10,163.32	111,248.54	
Credit Union	1%	5,395	447.22	5,341.07	
Training Fund	4%	21,581	1,788.88	21,364.27	
Dues Fund	1%	5,395	447.22	5,341.07	
Industry Fund	1%	5,395	447.22	5,341.05	
		$559,332	$48,196		539,795.21
					$564,391.17
Expenses:					
Administration		$520,632	43,386.00	$520,632.00	
Audit		3,700	0.00	3,600.00	
Meeting Expenses		0	0.00	0.00	
Office		0	0.00	0.00	
Printing		3,100	0.00	1,025.34	
Postage		1,500	0.00	1,899.18	
Postage - Medical		13,200	515.46	6,851.77	
Rent		0	0.00	0.00	
Bank Service Charges		1,200	662.93	1,208.61	
Programming		0	0.00	0.00	
Record Destruction		0	0.00	0.00	
Employer Audits		16,000	2,819.50	14,370.26	
Total Expenses		$559,332	$47,383.89	$549,587.16	
Interest Income		0	0.00	0.00	
Net Expenses		$559,332	$47,383.89		549,587.16
Balance - December 31, 2016					$14,804.01

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
PRINCIPAL ACCOUNT ACTIVITY
PNC BANK ACCOUNT 6785876
DECEMBER 31, 2016

Balance - November 30, 2016	$0.00

No Activity Reported

Balance - December 31, 2016	$0.00

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
CLAIMS ANALYSIS REPORT
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2016

CLAIMS ANALYSIS

Description	Current Month	2016 - Year To Date $	%	2015 Year To Date	2015	%
Hospital	$90,181.73	$1,250,118.06	20.65%	$1,378,650.08	$1,378,650.08	23.30%
Out-patient Hosp.	164,648.05	969,871.98	16.02%	948,293.68	948,293.68	16.03%
Medicare	0.00	1,082.84	0.02%	8,631.98	8,631.98	0.15%
Lab & X-ray	109,648.26	716,318.43	11.83%	700,727.81	700,727.81	11.84%
Office Visit	72,560.84	719,048.50	11.88%	689,135.07	689,135.07	11.65%
Surgery	70,632.98	539,269.96	8.91%	577,804.02	577,804.02	9.77%
Alcohol Abuse	3,245.17	62,577.82	1.03%	21,838.21	21,838.21	0.37%
Drug Abuse	42,074.02	246,374.38	4.07%	239,099.34	239,099.34	4.04%
Mental & Nervous	18,526.97	191,128.65	3.16%	164,587.55	164,587.55	2.78%
Flex	0.00	0.00	0.00%	0.00	0.00	0.00%
Dental	35,316.60	441,185.59	7.29%	451,198.61	451,198.61	7.63%
Major Medical	44,966.80	365,435.26	6.04%	233,939.82	233,939.82	3.95%
Sudden & Serious	37,290.48	349,553.23	5.77%	345,813.28	345,813.28	5.84%
Accident	5,200.54	44,427.35	0.73%	30,059.98	30,059.98	0.51%
Immunizations	8,264.86	76,001.06	1.26%	74,500.54	74,500.54	1.26%
Catastrophic RX Reimb.	0.00	968.50	0.02%	509.50	509.50	0.01%
Loss Of Time	8,811.94	79,877.50	1.32%	52,109.41	52,109.41	0.88%
	$711,369.24	$6,053,239.11	100.00%	$5,916,898.88	$5,916,898.88	100.00%

RETIREES

10:17:16 Jan 03 2017 C L A I M A N T U S A G E R E P O R T PAGE - 35

F A M I L Y C L A I M A N T S U M M A R Y

Summary Range	# Claimants	% T	Dollars Pd.	% T	% GT	Claim Cnt	AvgCost/ Claimant	FamilyCnt	AvgCost/ Family	Family %
100000.00 PLUS		0.0000		0.0000	1.0000		0.00		0.00	0.00%
50000.00 TO 99999.99	7	0.0167	265454.00	0.3069	1.0000	220	37922.00	4	66363.50	1.34%
20000.00 TO 49999.99	12	0.0287	227388.79	0.2629	0.6930	350	18949.07	7	32484.11	2.35%
15000.00 TO 19999.99	2	0.0047	15777.79	0.0182	0.4300	49	7888.90	1	15777.79	0.33%
10000.00 TO 14999.99	16	0.0382	124306.11	0.1437	0.4117	434	7769.13	10	12430.61	3.36%
5000.00 TO 9999.99	19	0.0454	57109.29	0.0660	0.2680	477	3005.75	9	6345.48	3.03%
2500.00 TO 4999.99	25	0.0598	63970.72	0.0739	0.2019	455	2558.83	16	3998.17	5.38%
1000.00 TO 2499.99	50	0.1196	48585.61	0.0561	0.1280	358	971.71	31	1567.28	10.43%
500.00 TO 999.99	60	0.1435	25782.48	0.0298	0.0718	235	429.71	37	696.82	12.45%
10.00 TO 499.99	195	0.4665	36318.85	0.0420	0.0420	551	186.25	147	247.07	49.49%
0.00 TO 9.99	32	0.0765	0.18	0.0000	0.0000	95	0.01	31	0.01	10.43%
	418		864693.82			3224	2068.65	293	2951.17	98.65%
UNDER 0.00	4		-1196.24			9	-299.06	4	-299.06	1.34%
	422		863497.58			3233	2046.20	297	2907.40	100.00%

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TOTAL

10:22:01 Jan 03 2017 C L A I M A N T U S A G E R E P O R T PAGE - 160

F A M I L Y C L A I M A N T S U M M A R Y

Summary Range	# Claimants	% T	Dollars Pd.	% T	% GT	Claim Cnt	AvgCost/ Claimant	FamilyCnt	AvgCost/ Family	Family %
100000.00 PLUS	10	0.0038	359760.00	0.0594	1.0000	472	35976.00	3	119920.00	0.23%
50000.00 TO 99999.99	47	0.0183	1499558.02	0.2479	0.9405	1758	31905.49	21	71407.52	1.64%
20000.00 TO 49999.99	135	0.0525	1634343.59	0.2702	0.6925	3660	12106.25	53	30836.67	4.15%
15000.00 TO 19999.99	56	0.0218	347129.98	0.0573	0.4223	1238	6198.75	20	17356.50	1.56%
10000.00 TO 14999.99	120	0.0467	487879.74	0.0806	0.3649	2344	4065.66	39	12509.74	3.05%
5000.00 TO 9999.99	313	0.1218	718305.63	0.1187	0.2843	4817	2294.91	104	6906.78	8.15%
2500.00 TO 4999.99	301	0.1172	432623.15	0.0715	0.1655	3927	1437.29	121	3575.40	9.49%
1000.00 TO 2499.99	532	0.2071	364198.45	0.0602	0.0940	3904	684.58	222	1640.53	17.41%
500.00 TO 999.99	334	0.1300	113125.75	0.0187	0.0338	1365	338.70	159	711.48	12.47%
10.00 TO 499.99	583	0.2270	91297.75	0.0150	0.0150	1684	156.60	394	231.72	30.90%
0.00 TO 9.99	137	0.0533	6.16	0.0000	0.0000	484	0.04	129	0.05	10.11%
	2568		6048228.22			25653	2355.23	1265	4781.21	99.21%
UNDER 0.00	12		-25886.44			49	-2157.20	10	-2588.64	0.78%
	2580		6022341.78			25702	2334.24	1275	4723.41	100.00%

PLUMBERS' AND STEAMFITTERS' LOCAL 486 MEDICAL FUND
HIGH COST MEDICAL CLAIMS
January 9, 2017
CLAIMS PROCESSED FROM DECEMBER 1, 2016 TO DECEMBER 31, 2016

DIAGNOSIS		AMOUNT
SPINAL STENOSIS		$60,161.14
OPIOID DEPENDENCE		49,030.53
LYMPHOMA		37,193.89
EPILEPSY		29,341.63
CERVICAL DISC DISPLACEMENT		26,726.63
INTESTINAL ADHESIONS		26,410.95
BREAST CANCER		19,890.49
MYOCARDIAL INFARCTION		18,239.88
ATHEROSCLEROSIS		17,022.85
BREAST CANCER		15,165.17
BRAIN CANCER		13,524.23
VAGINAL DELIVERY		13,359.73
GESTATIONAL DIABETES		11,773.07
PERITONEAL ADHESIONS		11,244.01
TORN ROTATOR CUFF		11,154.73
BIPOLAR DISORDER		9,197.03
SPINAL STENOSIS		7,933.32
BIPOLAR DISORDER		7,421.93
PANCREATITIS		7,274.08
KIDNEY STONES		6,384.88
CROHN'S DISEASE		6,217.84
ENDOMETRIOSIS		6,048.12
BREAST CANCER		5,180.09
PULMONARY HYPERTENSION		5,140.28
CHEST PAIN		5,035.82
	Total	**$426,072.32**

PLUMBERS & STEAMFITTERS LOCAL486 MEDICAL FUND
ELIGIBILITY REPORT

	Jan 1, 2017			Oct 1, 2016			Jul 1, 2016			Apr 1, 2016		
	BB	Mbrs		BB	Mbrs		BB	Mbrs		BB	Mbrs	
486AP 1st Year Apprentices	49	55		49	45		47	38		43	32	
486HMO HMO's	1,331	426		1,246	398		1,248	398		1,255	399	
486MCR Retired Medicare Retirees	501	328		510	331		515	333		511	333	
486MCR Survivor Medicare Survivors	69	69		76	76		80	80		82	82	
486ME Self Insured	1,897	787		1,938	824		1,898	785		1,905	786	
486PNRP Pensioner not on Medicare	123	49		125	50		132	52		133	51	
486SURP Survivors not on Medicare	7	5		7	5		7	5		5	2	
486TM Helpers	20	20		20	20		14	14		15	15	
Total	3,997	1,739		3,971	1,749		3,941	1,705		3,949	1,878	
Self Insured	2,096	916	53%	2,139	944	54%	2,098	894	52%	2,101	886	52%
HMO's	1,331	426	24%	1,246	398	23%	1,248	398	23%	1,255	399	23%
Labor First	570	397	23%	586	407	23%	595	413	24%	593	415	24%
Total	3,997	1,739	100%	3,971	1,749	100%	3,941	1,705	99%	3,949	1,700	99%

PLUMBERS & STEAMFITTERS LOCAL 486 MEDICAL FUND
PRINCIPAL ACCOUNT ACTIVITY
DELINQUENT CONTRACTORS
AS OF DECEMBER 31, 2016

Delinquent Contractors:	Work Month	Amount	Date Received
1. Capitol Refrigeration Inc	Nov-16		
2. Combustioneer Corporation	Oct-16		
Combustioneer Corporation	Nov-16		
3. Complete Control LLC	Nov-16		
4. Excel Mechanical Contractors	Nov-16		
5. Hascon Mechanical Service	Nov-16		
6. Innovative Mechanical Systems	Nov-16		
7. James P. Kruger & Associates	Nov-16		
8. M&E Sales, Inc.	Nov-15		Agreement
9. South Mountain Mechanical	Aug-16		
South Mountain Mechanical	Sep-16		
South Mountain Mechanical	Oct-16		
South Mountain Mechanical	Nov-16		
10. Statewide Mechanical	Oct-16		
Statewide Mechanical	Nov-16		
11. Stone Services, Inc.	May-15		Agreement
Stone Services, Inc.	Jul-16		Agreement
Stone Services, Inc.	Aug-16		Agreement
Stone Services, Inc.	Nov-16		
12. Wilking Mechanical Systems	Nov-16		

Plumbers And Steamfitters Local 486 Medical Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

JANUARY 2017

PLUMBERS AND STEAMFITTERS LOCAL 486 MEDICAL PLAN

SUMMARY OF MATERIAL MODIFICATIONS

52-1059733 Plan 501

The Board of Trustees of the Plumbers and Steamfitters Local 486 Medical Fund hereby adopts this Summary of Material Modifications (SMM) to the Plumbers and Steamfitters Local 486 Medical Plan ("the Plan"). The purpose of the SMM is to revise and update the Plan to reflect amendments to the Summary Plan Description (SPD) to be effective on the dates identified below.

Effective April 1, 2016, the provisions of the SPD regarding Initial Eligibility for Employees shall be changed to adopt a new classification included in the 2016 Collective Bargaining Agreement. Page 1 of the SPD shall be replaced with the following language:

ELIGIBILITY

EMPLOYEES

Initial Eligibility
You are eligible to participate in this Plan if you work for a contributing employer who is obligated by a Collective Bargaining Agreement to make contributions to the Plumbers and Steamfitters Local 486 Medical Plan or if your employer has made contributions on your behalf to a health and welfare plan that has a valid reciprocal agreement with the Plumbers and Steamfitters Local 486 Medical Plan.

Benefits begin on the first day of the month following the month in which a minimum of 1,000 hours has been received by the Plan on your behalf.

As a new Journeyman member of Plumbers and Steamfitters Local 486 (including Tradesmen and Servicemen under Schedule A of a National Agreement), you have the option to receive immediate full coverage under the following terms and conditions:

- the only medical plan option available is the HMO option
- you must pay a monthly amount equal to the HMO premium charged to the Plan for the HMO option chosen
- weekly accident and sickness benefits are excluded
- you must work 250 hours per quarter to continue self-payment

- you acknowledge in writing that you understand that the cost of such coverage could increase

As a Helper member of Plumbers and Steamfitters Local 486, the following benefits are excluded from your coverage during the period for which you are covered as a Helper: HMO benefits, prescription drugs, dental benefits, and weekly accident and sickness benefits. The Helper classification is a transitional classification intended to lead to apprenticeship status. Once a Helper meets the 1,000 hours requirement for eligibility and moves directly to an Apprentice status, then initial eligibility for Apprentice benefits need not be re-established.

As an Apprentice member of Plumbers and Steamfitters Local 486, you receive full coverage from the first day of the month after you complete 250 hours of employment with a contributing employer, subject to the following terms and conditions:

- HMO, prescription drug, dental, and weekly accident and sickness benefits are excluded for First Year Apprentices
- you must continue to meet eligibility rules described below

PLUMBERS & STEAMFITTERS LOCAL 486-MCA of MD
JOINT ADMINISTRATION
PROJECTED 2016 ADMINISTRATIVE COSTS AND PROPOSED 2017 BUDGET

	Projected Actual 2016 Cost	Approved Annual 2016 Budget	Under (Over) 2016 Budget	Proposed Annual 2017 Budget	Increase 17 Budget Over 16 Actual	Increase 17 Budget Over 16 Budget
Contract Administration	$520,632	$520,632	$0	$536,533	$15,901	$15,901
Medical Fd Direct Costs	7,350	13,200	5,850	10,000	2,650	(3,200)
Meeting Expenses	0	0	0	0	0	0
Printing Expenses	1,400	3,100	1,700	2,000	600	(1,100)
Postage	2,650	1,500	(1,150)	2,000	(650)	500
Audit	3,600	3,700	100	3,700	100	0
Legal Expenses	0	0	0	0	0	0
Employer Audits	15,400	16,000	600	16,000	600	0
Record Destruction	0	0	0	0	0	0
Bank Services Charges	750	1,200	450	1,000	250	(200)
	$551,782	$559,332	$7,550	$571,233	$19,451	$11,901
Less Interest Income	$0	$0	$0	$0	$0	$0
	$551,782	$559,332	$7,550	$571,233	$19,451	$11,901
Less Direct Allocated Items:						
Medical Fd Direct Costs	($7,350)	($13,200)	($5,850)	($10,000)	($2,650)	$3,200
Employer Audits	(15,400)	(16,000)	(600)	(16,000)	(600)	0
Legal Expenses	0	0	0	0	0	0
	($22,750)	($29,200)	($6,450)	($26,000)	($3,250)	$3,200
Net Expenses less Direct Cost	$529,032	$530,132	$1,100	$545,233	$16,201	$15,101
Less Interest Income	$0	$0	$0	$0	$0	$0
Net Expenses less Direct/Interest	$529,032	$530,132	$1,100	$545,233	$16,201	$15,101

PERCENTAGE ALLOCATION BEFORE DIRECT COSTS

Medical Fund	54%	$285,677	$286,271	$594	54%	$294,426	$8,749	$8,155
Pension Fund	19%	100,516	100,725	209	19%	103,594	3,078	2,869
Annuity Fund	20%	105,806	106,026	220	20%	109,047	3,240	3,020
Credit Union	1%	5,290	5,301	11	1%	5,452	162	151
Training Fund	4%	21,161	21,205	44	4%	21,809	648	604
Dues	1%	5,290	5,301	11	1%	5,452	162	151
Industry Fund	1%	5,290	5,301	11	1%	5,452	162	151
	100%	$529,032	$530,132	$1,100	100%	$545,233	$16,201	$15,101

PERCENTAGE ALLOCATION AFTER DIRECT COSTS

Medical Fund	54.0%	$298,161	$304,805	$6,644	54.2%	$309,759	$11,599	$4,955
Pension Fund	19.1%	105,649	106,058	409	19.1%	108,928	3,278	2,869
Annuity Fund	20.1%	110,940	111,360	420	20.0%	114,380	3,440	3,020
Credit Union	1.0%	5,290	5,301	11	1.0%	5,452	162	151
Training Fund	3.8%	21,161	21,205	44	3.8%	21,809	648	604
Dues	1.0%	5,290	5,301	11	1.0%	5,452	162	151
Industry Fund	1.0%	5,290	5,301	11	1.0%	5,452	162	151
	100.0%	$551,782	$559,332	$7,550	100.0%	$571,233	$19,451	$11,901

LAW OFFICES
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(1933 – 2015)

Of Counsel
H. Victoria Hedian
Stephen W. Godoff •

January 4, 2017

VIA FACSIMILE and FIRST CLASS MAIL

Alan Hoff, Esquire
Sellman Hoff, LLC
2201 Old Court Road
Baltimore, MD 21208

Re: Plumbers and Steamfitters Local 486 Medical Plan (Participant:)

Dear Mr. Hoff:

This firm is counsel to the Plumbers & Steamfitters Local 486 Medical Plan ("the Plan"), the entity to which you submitted a letter dated December 12, 2016 regarding a denial of benefits for a dependent of the above-referenced participant. Please be advised that the Plan is a self-insured multiemployer ERISA plan, and is governed by a Joint Board of Trustees. The Summary Plan Description of the Plan states as follows regarding dependent eligibility:

> You must notify the Board of Trustees within 30 days from the date you acquire a new dependent. You may obtain the proper forms from the Administrator.

Summary Plan Description, page 4. initial appeal letter stated that he had never submitted a birth certificate for his dependent child that was born in 2013, and he accused the Plan of changing the rules without notice. I am attaching a page of notes from the Plan's files regarding both dependent children, which shows that within two weeks of the birth of dependent child, he notified the Plan and requested the appropriate forms, as required by the SPD. Approximately 30 days later, submitted the completed forms, including the birth certificate for The Plan's records show that her coverage began on the date of her birth, in accordance with the Plan's rules. Unfortunately, regarding dependent child, , there is no record in the file of any communication from to request forms, or to submit a birth certificate in 2015, following his son's birth on September 14, 2015. In fact, there is no information in the file from regarding this matter until he contacted the Fund Office on May 25, 2016. This was well beyond the required time frame for adding a new dependent child.

While the Trustees understand that this is a difficult situation for , they are required by federal law to follow the terms of the Plan. If you have information explaining why was unable to contact the Fund Office within the required time limit because of circumstances that were beyond his control, please feel free to forward that to my attention at kbradley@abato.com or call me at the number above. The Trustees will be meeting this Monday, and if there is new information regarding this appeal that you care to submit, they will review it at that time.

Very truly yours,

Kimberly L. Bradley

KLB/jcl
Enclosure

Cc: Dale Troll (w/encl.)
Emily Novak (w/encl.)

SABINED 12/09/13 RECEIVED MEMO FROM DAVID L IN PS REQ ENROLLMENT FORM TO ADD BABY

SABINED 12/26/13 RECEIVED ENROLLMENT FORMS AND BIRTH CERT FOR SENT TO SCANNING

MARIAP 05/25/16 REC'D ENROLLMENT FORM AND COPIES OF SS CARDS FOR DEP AND DEP CANNOT BE ADDED AT THIS TIME, HE IS NOT A NEWBORN, DOB IS 9/14/15. PER SPD WE MUST BE NOTIFIED OF NEW DEP WITHIN 30 DAYS OF THE DATE THAT THE DEP WAS ACQUIRED. MAILED LETTER TO MEMBER EXPLAINING THE ABOVE, ALSO INFORMED MEMBER OF OPEN ENROLLMENT

MARIAP 05/25/16 REC'D ENROLLMENT FORM AND COPIES OF SS CARDS FOR DEP AND DEP CANNOT BE ADDED AT THIS TIME, HE IS NOT A NEWBORN, DOB IS 9/14/15. PER SPD WE MUST BE NOTIFIED OF NEW DEP WITHIN 60 DAYS OF THE DATE THAT THE DEP WAS ACQUIRED. MAILED LETTER TO MEMBER EXPLAINING THE ABOVE, ALSO INFORMED MEMBER OF OPEN ENROLLMENT

MARIAP 07/19/16 SPOUSE DROPPED OFF COPY OF BC FOR DEP ON 6/22/16 ADDED EFFECTIVE 5/1/2016.

SELLMAN HOFF, LLC

THE COOPERAGE, 2201 OLD COURT ROAD, BALTIMORE, MARYLAND 21208, PHONE: (410) 332-4151
FAX: (410) 332-1746

January 4, 2017

Via Email, Facsimile, and First Class Mail
Kimberly L. Bradley
Abato, Rubenstein and Abato, P.A.
809 Gleneagles Court, Suite 320
Baltimore, Maryland 21286
Fax: (410) 321-1419
Email: kbradley@abato.com

Re: Plumbers and Steamfitters Local 486

Dear Ms. Bradley:

Thank you for your letter. I apologize in advance if there has been some miscommunication with respect to the events and timing. Please refer to the original letter that sent, as that sets out the timeline.

did in fact contact the Plan, and his wife timely filled out the form and sent it in with a copy of ' social security card. While she does not have a copy of that, she knows that it was in the early to mid-October time frame, after they received the social security card, and well before November. She specifically recalls that because (a) she remembers the form asking for the SSN, and (b) in the November enrollment/information form – I do not know if that is the correct terminology – she indicated that the family would stay on the plan and recalls again providing the same information regarding

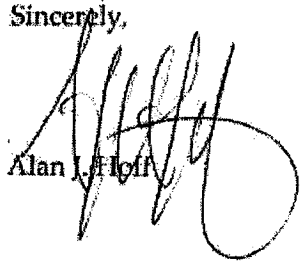
Nobody from the Plan contacted them in response. If there had been a discrepancy based on the November information form, you would expect that somebody would pick up on that. Also, the discrepancy could have been picked up since the Plan pre-approved the C section and the stay. Instead, it wasn't until months later that the heard from the providers that the providers had not been paid, as a result of which the contacted the Plan and ordered a copy of the birth certificate, which they then provided. It was at that point that they then learned that coverage would be denied.

did not make a copy of the October paperwork. Clearly, something fell through the cracks at that time, but they had no way of knowing this until months later. In the interim, there were at least two situations where the Plan could have picked up on the issue – in

connection with the pre-approved procedure and in the November form, when was listed as one of the insureds.

I hope this better clarifies the events, but feel welcome to call me if you need additional facts. We sincerely hope the Plan will realize that, under the circumstances, coverage is appropriate. We look forward to your response. If somehow the response is negative, please treat this as a request for an external review.

Sincerely,



Alan J. Hoff

Cc: Client

Plumbers & Steamfitters Local 486
Medical Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

APPLICATION FOR RETIREMENT STATUS – MEDICAL FUND

MATTHEW T. ST. JEAN
Name (First, Middle initial, Last)

Social Security Number

27 N. PROSPECT AVE. BALTO. MD 21228
Address City State Zip Code

8-2-1962
Date of Birth (mm/dd/yyyy)

410-747-3258
Phone Number

10-10-1989
Date of Initiation (mm/dd/yyyy)

Marital Status: ☐ Married ☐ Widowed ☒ Never been married ☐ Separated ☐ Divorced

Date of Marriage _____

Coverage Desired: ☒ Individual ☐ Parent-Child ☐ Family ☐ Husband-Wife ☐ Waive Coverage

List All Eligible Dependents:

Relationship	Name	Social Security Number	Date of Birth (mm/dd/yyyy)

Name of any other health insurance with which you or your dependents have as other coverage, including Medicare:

Name	Policy Number	Name of Insurance	Policy Holder's Name

IF ANYONE HAS MEDICARE, PLEASE SEND A COPY OF MEDICARE CARD(S).

I certify that the above persons listed as dependents are my wife and/or children and that I will retire and permanently withdraw from active employment under the Plumbers & Steamfitters industry within the State of Maryland and any intersecting metropolitan areas on the _____ day of _____ 20___.

Matthew T. St Jean
Signature

10/19/16
Date

OCT 24 2016

For Office Use Only – Please Do Not Write in Spaces Below

Retirement Effective Date: 12/1/2016 Type of Retirement: DISABILITY Age: 54

Approved for Retirement Status: ☐ Normal ☒ Disability

Chairman _____ Date 1/9/2017

Plumbers & Steamfitters Local 486
Pension Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (888) 494-4443
www.associated-admin.com

COPY

DEC 27 2016

AA LLC

APPLICATION FOR SURVIVOR BENEFIT

(SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A BENEFIT)

NAME OF PARTICIPANT: Kenneth Emmett Johnson

SS# OF PARTICIPANT _____

PARTICIPANT'S DATE OF DEATH: ~~August 12, 1939~~ July 30, 2016

BENEFICIARY INFORMATION:

1. **Name (Last, First, Middle):** Johnson Catherine Mamie
2. **Social Security Number** _____
3. **Home Telephone #:** 410-452-8407
4. **Home Address (# and Street):** 3856 Peach Orchard Rd.
5. **City, Town or Post Office:** Whiteford
6. **State and 9-Digit Zip Code:** Maryland 21160-1707
7. **Birth Date (Mo/Day/Yr):** September 26, 1943

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees have the right to recover payments made to me as a result of false statements.

Catherine Mamie Johnson — **Signature of Beneficiary**

October 31, 2016 — **Date**

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN SPACES BELOW

THE TRUSTEES OF THE PLUMBERS & STEAMFITTERS LOCAL 486 PENSION FUND APPROVE FOR RETIREMENT THE ABOVE PARTICIPANT AT A MONTHLY PENSION OF $_____.00 PER MONTH STARTING ON THE FIRST DAY OF Aug, 2016.

APPROVAL DATE: 1/9/2017

CHAIRMAN: _____

SECRETARY: _____

LAW OFFICES
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Of Counsel
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January 9, 2017

Board of Trustees, Plumbers and Steamfitters Local 486 Medical Fund
c/o Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152

Re: Legal Services Engagement Letter

Dear Trustees:

This letter will serve as Abato, Rubenstein and Abato, P.A.'s ("Abato") engagement letter agreement with Plumbers and Steamfitters Local 486 Medical Fund ("Medical Fund") as General Counsel commencing January 1, 2017 through December 31, 2018, and continuing year to year thereafter.

The retainer will be in the amount of $14,800 per year, paid in quarterly installments of $3,700 per quarter for 2017. The retainer will be in the amount of $15,200 per year, paid in quarterly installments of $3,800 per quarter for 2018. The firm will charge fees of $285.00 per hour for attorney time that is not covered by the retainer. Abato currently does not utilize the services of paralegals or law clerks, and there are no billing rates for those positions. In addition to our hourly rate charges, we will bill for all out-of-pocket costs and expenses, such as postage, filing fees, process service, photocopying, long distance telephone charges, and computerized legal research, subject to the following limitation: The firm will not bill for any attorney time related to travel to and from Trustees' meetings, but will bill for any out-of-pocket expenses incurred in traveling to and from Trustees' meetings if outside the Baltimore area.

The general description of legal services which Abato will provide to the Medical Fund pursuant to the retainer is set forth below (some of these services are performed solely by Abato, and some are performed in consultation with the Client's administrators, auditors and consultants):

- attend Trustees meetings and meetings with other professional advisors as requested by the Trustees;

- advise the Trustees regarding changes in the law affecting the Fund and provide assistance to the Fund's consultant(s) and Administrator in preparing participant disclosure forms, government forms, and development of procedures to comply with the law;

- review contracts and other documents presented to the Trustees for approval, including minutes of the Trustees' meetings;

- advise the Trustees on legal implications of proposed policies and proposed changes to the Client's governing documents;

- review and draft amendments to plan documents, such as trust agreement amendments and Summaries of Material Modification

- advise the Trustees concerning legal questions which arise in the course of the day-to-day administration of the Client; and

- review appeals to the Trustees, give legal advice and prepare memoranda on claims and appeals as required.

Matters that are generally outside the retainer are as follows:

- restatement of plan documents, such as the Trust Agreement and Summary Plan Description

- collections matters at the direction of the Trustees;

- non-collections litigation at the direction of the Trustees;

- DOL, IRS and other regulatory agency audits;

- compliance changes related to the Patient Protection and Affordable Care Act and its successor statute, if applicable; and

- other services at the direction of the Trustees.

We propose to represent the Medical Fund and its Trustees until further notice from the Trustees. It is our understanding that we render services at the pleasure of the Board of Trustees and that our services may be discontinued at any time by written notice from the Trustees. If and when this engagement for legal services is terminated, Abato will retain copies of files for 7 years,

after which those files will be destroyed in accordance with applicable ERISA requirements. We will return original files to the Client upon its request.

If the foregoing is acceptable to the Trustees, please sign where indicated on the following page and return a fully executed copy of this engagement letter to us for our records. We have enjoyed providing legal services to the Medical Fund and its predecessors for many years, and we look forward to working with you in the future.

Very truly yours,

Kimberly L. Bradley

Accepted by PLUMBERS AND STEAMFITTERS LOCAL 486 MEDICAL FUND

Employer Trustee	Union Trustee
Date	Date

NAME: **SS#:**
REGARDING:

Plumbers & Steamfitters Local 486 Medical Fund

DATE OF HIRE: **LOCAL:** 486
STATUS: Retired, November 1, 2003

ISSUE: Medical – Subrogation, Lien Reduction Request #M16/142-9447

FUND RULE:
"Subrogation
If you or one of your Dependents and/or Dependent Parent(s) is injured directly or indirectly by a third party, the Plan will pay covered benefits under the following circumstances. If you receive a payment from the third party, and/or from an insurance company, employer, or other assign, or relative of the third party as a result of settlement or award for your injuries, the Plan will have the right to an equitable lien over the payment, and the Plan will have a right of first recovery from the payment, without deduction of attorney's fees or costs, up to the full amount of the recovery. The Plan's right of first recovery shall apply regardless of whether the award is designated for medical benefits, damages, pain and suffering or any other designation of injuries. The common fund and make whole doctrines are specifically rejected, for purposes of this section."
(Plumbers & Steamfitters Local 486 Medical Fund SPD, page 29)

SUMMARY: Appeal Received: December 16, 2016

The attorney for the participant's spouse, Stark and Keenan, is appealing to be allowed a reduction in the Fund's lien in the amount of $558.70 related to medical claims paid in connection with a third party accident on August 16, 2012. The participant's attorney states, "This firm's client [the participant's spouse] signed a Subrogation agreement on 10/17/2014 specifically noting that the "period for this claim is from 08/16/2012 through 07/22/2013. All claims after this end date are NOT related to the suit." Thus, any amounts incurred after 7/22/2013 are not properly included in the revised lien amount of $2307.42. Your organization was aware of this cut-off date since October 2014 -- more than two years ago. Raising the lien amount after settlement is unfair to my client where no new charges have been incurred. Based on your recent correspondence, I am asking for a reduction in the amount of $558.70 making the total amount payable to your account $1119.09."

The lien amount for paid medical claims for the participant's spouse in connection with a third party accident on August 16, 2012 is $2307.42.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

Plumbers & Steamfitters Local 486
Medical Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

SUBROGATION AGREEMENT

I, _____, have submitted a claim(s) to the Plumbers & Steamfitters Local 486 Medical Fund (hereinafter called the "Claim"). I may have legal rights on account of the acts or omissions of a third party (or parties) which caused or contributed to the illness or injury which resulted in the claim. I also may be entitled to benefits or payments on account of such injury or illness, irrespective of a third party's act of omission. In consideration of the Fund's payment of benefits with respect to the Claim, I agree to reimburse (or direct others to reimburse) the Fund for the entire amount it paid with respect to the Claim out of *any* money I receive or am entitled to receive from third party, its insurer, or any other person or entity (public or private) which is attributable to or related in any manner to such illness or injury. This repayment obligation applies to the recovery of any money, regardless of whether the payment is characterized as compensation for pain and suffering or something else. Further, all parties to this Agreement agree that the Participant's or Dependent(s)' obligation to repay the Fund has priority over other obligations they may have, including any obligation to pay attorneys' fees out of the recovery. Neither the Participant, Dependent(s), nor the undersigned attorney may reduce the amount due the Fund to account for payment of attorneys' fees or other obligations.

I further agree that I will notify the Fund or any attorney, insurance company representative, or other person whom I have contacted or will contact to assist me in seeking money on account of the claim and I will direct such person to release all information to and fully cooperate with the Fund. I agree that this Agreement irrevocably directs such attorney, insurance company representative, or other person to pay the Fund the entire amount owed to the Fund under this Agreement out of any settlement, judgment, or other recovery; whether or not the said settlement, judgment, or other recovery includes or specifically excludes payment to me for medical care and treatment or weekly disability benefits paid to me on my behalf by the Fund.

I represent that I have not accepted any money with respect to the illness or injury which resulted in the Claim. I agree that until the Fund is reimbursed in full for the benefits it paid which are attributable to the Claim, I will not accept any money with respect to such illness or injury without the Fund's written consent.

I also agree that the Fund has the right to pursue its reimbursement claim directly against the third party and upon the Fund's request, I agree to assign to the Fund any right of recovery or cause of action in tort, or any other claim or cause of action which I have or may have, to the extent of the amount of benefits paid by the Fund with respect to the Claim. I agree to cooperate fully with and assist the Fund in any action it may take pursuant to this Agreement.

MAR 4 2013

A.A. LLC

PARTIES TO THIS SUBROGATION AGREEMENT

is main person for the policy (spouse)

1. Name of Participant:
2. Date of Accident: 8/16/12
3. Name(s) of all persons injured in accident (participant, spouse, dependent children)

   Name:

   Name:

   Name:

   Name:

4. Name and address of Attorney representing Participant or Dependent(s):
   Greg I Rose c/o Weinstock, Friedman + Friedman, P.A.
   Executive Centre 4 Reservoir Circle
   Baltimore, MD 21208
5. Phone number of Attorney representing Participant or Dependent(s): 410 559 9000

Signature of Participant — Witness

Signature of Dependent (if injured in accident) — Witness

Date: 2/21/13

Signature of Attorney — Witnes

Date: 2/28/13

PLEASE NOTE: BENEFIT PAYMENTS WILL NOT BE ADVANCED BY THE FUND UNTIL THIS AGREEMENT IS COMPLETED AND FULLY EXECUTED.

ORIGINAL

Plumbers & Steamfitters Local 486
Medical Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

SUBROGATION AGREEMENT

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AA LLC
OCT 31 2016
RECEIVED
DEC 21 2016

PARTIES TO THIS SUBROGATION AGREEMENT

1. Name of Participant: _____
2. Date of Accident: 8/16/12
3. Name(s) of all persons injured in accident (participant, spouse, dependent children)

   Name. _____

   Name: _____

   Name: _____

   Name: _____

4. Name and address of Attorney representing Participant or Dependent(s):
   STARK and KEENAN, P.A.
   30 OFFICE ST.
   BEL AIR, MD 21014
5. Phone number of Attorney representing Participant or Dependent(s): 410-879-2222
   410-838-5522

_____ _____ X _____
Signature of Participant Witness

_____ X _____
Signature of Dependent (if injured in accident) Witness

Date: 10-17-14

_____ _____
Signature of Attorney Witness

Date: 10/23/14

RECEIVED
DEC 21 2016
APPEALS DEPT

PLEASE NOTE: BENEFIT PAYMENTS WILL NOT BE ADVANCED BY THE FUND UNTIL AAS LLC AGREEMENT IS COMPLETED AND FULLY EXECUTED.

OCT 31 2016

Klb28318

P&S L-486 Subro Form PS/DW bns 11.2012

Period for this claim is from 8/16/12